

General

Title

Pediatric preventive care: percentage of pediatric patients ages 12 to 17 years who have a documented mental health and/or depression screening using one of the specified validated tools at a well-child visit during the measurement period.

Source(s)

MN Community Measurement. Data collection guide: pediatric preventive care: adolescent mental health and/or depression screening 2015 (01/01/2014 to 12/31/2014 dates of service). Minneapolis (MN): MN Community Measurement; 2015. 55 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of pediatric patients ages 12 to 17 years who have a documented mental health and/or depression screening using one of the specified validated tools at a well-child visit during the measurement period.

Rationale

Two million United States (U.S.) adolescents ages 12 to 17 years had a major depressive episode in 2008 (Agency for Healthcare Research and Quality [AHRQ], 2011). The annual estimate for the percentage of children and adolescents with mental, emotional and behavioral disorders is between 14% and 20% (Institute of Medicine [IOM], 2009). National mental health treatment expenditures were estimated at more than \$11 billion in 1998 (Ringel & Sturm, 2001).

The American Academy of Pediatrics' Bright Futures guidelines report:

Half of all the lifetime cases of mental illness begin by the age of 14 years, which means that mental disorders are chronic diseases of the young.

An estimated 21% of U.S. children and adolescents ages 9 to 17 years have a diagnosable mental health disorder that causes at least some impairment. The under-detection of mental health problems in pediatric practice has been well documented and recognized.

One of the most efficient ways for health care professionals to improve the recognition and treatment of psychosocial problems in children and adolescents is by using a mental health screening tool.

U.S. Preventive Services Task Force conducted a study in April 2009 assessing the health effects of routine primary care screening for major depressive disorder (MDD) among children and adolescents ages 7 to 18 years, including evaluating the accuracy of screening tests. The study concluded primary care feasible screening tools may be accurate in identifying depressed adolescents. Pilot testing of measure with 17 medical groups representing 123 clinics and 20,350 adolescents demonstrated opportunity for improvement and variability among practices with an overall average rate of screening of 46.3%.

Evidence for Rationale

Agency for Healthcare Quality and Research (AHRQ). National Healthcare Quality Report, 2010. Rockville (MD): Agency for Healthcare Quality and Research (AHRQ); 2011.

Institute of Medicine (IOM). O'Connell ME, Boat T, Warner KE, editor(s). Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Washington (DC): National Academies Press; 2009 Mar 12.

MN Community Measurement. Data collection guide: pediatric preventive care: adolescent mental health and/or depression screening 2015 (01/01/2014 to 12/31/2014 dates of service). Minneapolis (MN): MN Community Measurement; 2015. 55 p.

Ringel JS, Sturm R. National estimates of mental health utilization and expenditures for children in 1998. J Behav Health Serv Res. 2001 Aug;28(3):319-33. [PubMed](#)

Primary Health Components

Mental health; depression; screening; adolescents

Denominator Description

Patients who meet each of the following criteria are included in the population:

Patient was age 12 years at the start of the measurement period to 17 years at the end of the measurement period.

Patient was seen by an eligible provider in an eligible specialty face-to-face at least once during the measurement period for a well-child visit using the Current Procedural Terminology (CPT) codes.

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

Percentage of patients age 12 to 17 years with one of the specified mental health and/or depression

screening tools administered and documented in the medical record (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

MN Community Measurement (MNCM) conducts validity testing to determine if quality measures truly measure what they are designed to measure, and conducts reliability testing to determine if measures yield stable, consistent results. Validity testing is done to see if the concept behind the measure reflects the quality of care that is provided to a patient and if the measure, as specified, accurately assesses the intended quality concept. Reliability testing is done to see if calculated performance scores are reproducible.

Evidence for Extent of Measure Testing

MN Community Measurement. Measure testing. [internet]. Minneapolis (MN): MN Community Measurement; [accessed 2015 Nov 12].

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 12 to 17 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Measurement period will be a fixed 12-month period: January 1 to December 31

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients who meet each of the following criteria are included in the population:

Patient was age 12 years at the start of the measurement period to 17 years at the end of the measurement period.

Patient was seen by an eligible provider in an eligible specialty face-to-face at least once during the measurement period for a well-child visit as identified using the Current Procedural Terminology (CPT) codes. Refer to Table 1 in the original measure documentation for CPT codes identifying well-child visits.

Exclusions

Patients with the following diagnosis:

Schizophrenia. Refer to Table 2 in the original measure documentation for International Classification of Diseases, Ninth Revision (ICD-9) diagnosis codes identifying patients who have schizophrenia.

Bipolar disorder, major depression. Refer to Table 3 in the original measure documentation for ICD-9 diagnosis codes identifying patients who have bipolar disorder or major depression.

Depression not otherwise specified (NOS). Refer to Table 4 in the original measure documentation for ICD-9 diagnosis codes identifying patients who have depression NOS.

Personality disorders. Refer to Table 5 in the original measure documentation for ICD-9 diagnosis codes identifying patients who have personality disorders.

Other specified intellectual disabilities (moderate, severe and profound). Refer to Table 6 in the original measure documentation for ICD-9 diagnosis codes identifying patients who have specified intellectual disabilities.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Percentage of patients age 12 to 17 years with one of the specified mental health and/or depression screening tools administered and documented in the medical record.

Note: Mental health and/or depression screening includes the use of any one of the following list of validated tools. The list of tools was meant to be inclusive of current validated, age appropriate tools that will address screening of this population. Both publicly available and proprietary tools were included to allow options for provider preference. Refer the original measure documentation for more information on age appropriateness and availability (public domain vs. proprietary).

For clinics that are currently not screening their adolescent patients for mental health, it is strongly recommended to select a tool that is available in the public domain and can be administered using electronic means of capture. Specified mental health and/or depression screenings include:

Highly recommended for depression screening:

Public domain

Patient Health Questionnaire - 9 item version (PHQ-9)
PHQ-9M Modified for Teens/Adolescents
Kutcher Depression Scale (KADS)

OR

Proprietary

Beck Depression Inventory II (BDI-II)
Beck Depression Inventory Fast Screen (BDI-FS)
Child Depression Inventory (CDI) [original version]
Child Depression Inventory II (CDI-2)

OR

Acceptable but not highly recommended for depression screening:

Public domain

Patient Health Questionnaire - PHQ-2

OR

Highly recommended for general mental health screening:

Public domain or Proprietary with Permission in Minnesota (MN):

Pediatric Symptom Checklist-17 items (PSC-17)
Pediatric Symptom Checklist-35 items (PSC-35) or Youth Self-Report (PCS Y-SR)
Global Appraisal of Individual Needs (GAIN-SS) screens for mental health and substance abuse

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

2015 Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening Measure Flow Chart

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Pediatric preventive care: adolescent mental health and/or depression screening 2015.

Measure Collection Name

Pediatric Preventive Care

Submitter

MN Community Measurement - Health Care Quality Collaboration

Developer

MN Community Measurement - Health Care Quality Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Jan

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source available from the [MN Community Measurement Web site](#) .

For more information, contact MN Community Measurement at 3433 Broadway St. NE, Broadway Place East, Suite #455, Minneapolis, MN 55413; Phone: 612-455-2911; Web site: <http://mncm.org> ; E-mail: info@mncm.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on December 4, 2015. The information was verified by the measure developer on February 16, 2016.

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Production

Source(s)

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